

Specialist Pathologist (02) 9855 5150 Toll free 1800 222 365
General enquiries (all hours) (02) 9855 5222 Results (02) 9855 5100

Douglas Hanty Moir Pathology Pty Limited ABN 80 003 332 858,
a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

Rebecca Fairall Lee

27 LOFTUS STREET
LAWSON NSW 2783



Ref by: Dr L McDonnell

Ph: 0247586210

[illegible]

Patient

Rebecca FAIRALL LEE

Lab ID : 884662388 Your Ref : 00314025

27 Loftus Street
Lawson 2783

DOB : 01/02/1984 (40 Yrs)

DOB : 01/02/
Sex : Female

Sex : Female
Ph : 0422888823

Requested : 01/05/2024
Collected : 03/05/2024 09:24
Received : 03/05/2024 09:27
Printed : 08/05/2024 09:51

Haematology			Current Result	Units	Reference
Date	02/04/22	23/05/22	03/05/24		
Time	11:00	16:33	09:24		
Lab ID	868104457	880626162	884662388		
Haemoglobin	*116	*107	129	g/L	(119-160)
RCC	4.0	*3.6	4.4	x10 ¹² /L	(3.8-5.8)
Haematocrit	*0.34	*0.32	0.40		(0.35-0.48)
MCV	86	87	91	fL	(80-100)
MCH	29.1	29.4	29.3	pg	(27.0-32.0)
MCHC	340	340	323	g/L	(310-360)
RDW	11.9	12.9	12.7		(10.0-15.0)
WCC	6.1	7.0	5.8	x10 ⁹ /L	(4.0-11.0)
Neutrophils	4.26	4.69	4.06	x10 ⁹ /L	(2.0-7.5)
Lymphocytes	1.27	1.69	1.34	x10 ⁹ /L	(1.0-4.0)
Monocytes	0.37	0.44	0.30	x10 ⁹ /L	(0.0-1.0)
Eosinophils	0.18	0.18	0.11	x10 ⁹ /L	(0.0-0.5)
Basophils	0.05	0.02	0.02	x10 ⁹ /L	(0.0-0.3)
NRBC	<1.0	<1.0	<1.0	/100 WBC	(<1)
Platelets	183	168	193	x10 ⁹ /L	(150-450)

Comment on Lab ID 884662388
Full blood count is within reference limits

Biochemistry		Current Result	Units	Reference
Date	02/04/22	03/05/24		
Time	11:00	09:24		
Lab ID	868104457	884662388		
Status		Fasting		
Sodium	139	141	mmol/L	(135-145)
Potassium	4.3	4.5	mmol/L	(3.5-5.5)
Chloride	107	110	mmol/L	(95-110)
Bicarbonate	22	24	mmol/L	(20-32)
Urea	4.8	5.2	mmol/L	(2.5-7.0)
Creatinine	65	70	umol/L	(45-85)
eGFR	>90	>90	mL/min/1.73m2	(> 59)
Bili.Total	13	14	umol/L	(3-15)
ALP	39	47	U/L	(20-105)
GGT	16	15	U/L	(5-35)
LD	184	164	U/L	(120-250)
AST	15	19	U/L	(10-35)
ALT	11	20	U/L	(5-30)
Total Protein	69	68	g/L	(68-85)
Albumin	48	48	g/L	(37-48)
Globulin	*21	*20	g/L	(23-39)
Cholesterol		4.8	mmol/L	(< 5.5)
Triglycerides		0.4	mmol/L	(< 2.0)

Comment on Lab ID 884662388

eGFR (mL/min/1.73m²) calculated by CKD-EPI formula - see www.kidney.org.au

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Lawson 2783 Collecte

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Iron Studies			Current Result
Date	02/04/22	23/05/22	03/05/24
Time	11:00	16:33	09:24
Lab ID	868104457	880626162	884662388
Iron	20.7	12.9	24.1
Transferrin	2.3	2.5	2.2
TIBC (Calc)	52	56	50
Saturation	40	23	*48
Ferritin	153	85	181

Comment on Lab ID 884662388

? History of iron therapy. Recommend follow up iron studies.

Heavy Metals

Serum Zinc 10 umol/L (10-18)

Thyroid Function		Current Result
Date	02/04/22	03/05/24
Time	11:00	09:24
Lab ID	868104457	884662388
TSH	1.27	1.28

B12/Folate/RCF		Current Result
Date	02/04/22	03/05/24
Time	11:00	09:24
Lab ID	868104457	884662388
Vitamin B12	451	410
S.Fol (Abbott)	39.0	34.2

Comment on Lab ID 884662388

From 27 November 2023, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 400 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.



**DOUGLASS
HANLY MOIR
PATHOLOGY**

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Lab ID : 884662388

27 Loftus Street
Lawson 2783

DOB : 01/02/1984 (40 Yrs)

Sex : Female

Ph : 0422888823

Patient

Your Ref : 0

Requested : 0

Collected : 0

Received : 0

Printed : 0

25-OH Vitamin D

Date 02/04/22
Time 11:00
Lab ID 868104457
Vitamin D 81

Current Result

03/05/24
09:24
884662388
79

Units

nmol/L

Comment on Lab ID 884662388

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency	30 - 49 nmol/L
Moderate Deficiency	12.5 - 29 nmol/L
Severe Deficiency	< 12.5 nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

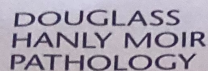
From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

Haemoglobin A1c

HbA1c (IFCC)	29	mmol/mol (20-38)
HbA1c (NGSP)	4.8	% (4.0-5.6)

Comment

HbA1c less than 48 mmol/mol (6.5%) does not exclude a diagnosis of diabetes mellitus based upon elevated glucose results. The existing diagnostic criteria for fasting and random glucose levels and for oral glucose tolerance testing remain valid, and are the diagnostic tests of choice for gestational diabetes, type 1 diabetes and in the presence of conditions that interfere with HbA1c measurement. Conditions which may affect the measured HbA1c value include any of the haemolytic anaemias, anaemia of chronic disease, severe liver disease, vitamin B12 and/or folate deficiency, the haemoglobinopathies and regular phlebotomy performed for medical indications or for blood donation. It also should be noted that further investigation is required for any inexplicably low HbA1c level or significant discrepancy between HbA1c and glucose results.



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Lipids and HDL

Status	Fasting		
Cholesterol	4.8	mmol/L	(< 5.5)
Triglycerides	0.4	mmol/L	(< 2.0)
HDL Cholesterol	1.6	mmol/L	(> 1.2)
LDL Cholesterol	★ 3.0	mmol/L	(< 3.0)
Non-HDL Cholesterol	3.2	mmol/L	(< 4.0)

Comment

Comment
Please note that the above reference limits are decision limits. A flag based on these limits is an indication to review the absolute cardiovascular risk for the patient. For assessment of absolute cardiovascular disease risk please see www.cvdcheck.org.au

The above decision limits are based on the European Atherosclerosis Society (EAS) and European Federation of Clinical Chemistry and Laboratory Medicine (EFCLM) Consensus Statement 2016 and the Australasian Association of Clinical Biochemistry and Laboratory Medicine (AACB) Lipid Reporting Guideline 2018.

Lipid treatment targets for patients at high risk of cardiovascular disease:

Total cholesterol	<4.0 mmol/L
Triglyceride	<2.0 mmol/L
HDL cholesterol	>1.0 mmol/L
LDL cholesterol	<2.5 mmol/L (<1.8 mmol/L for very high risk)
Non-HDL cholesterol	<3.3 mmol/L (<2.5 mmol/L for very high risk)

High risk - Primary prevention Very high risk - Secondary prevention

Target values from the AACB Lipid Reporting Guideline 2018.

Please note that as there is a continuum of risk, benefits are obtained for any measured lipid components moving towards and beyond the various target levels.